

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000076780

FILED  
Mar 24, 2008  
Secretary of State

**Entity Name:** K.B. SECURITY & TACTICAL TRAINING CENTER LTD. CO.

**Current Principal Place of Business:**

7979 NW 21ST STREET # KIN 4791  
DORAL, FL 33122

**New Principal Place of Business:**

**Current Mailing Address:**

#KIN 4791 P.O. BOX 025580  
MIAMI, FL 331025580

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

A1A REGISTERED AGENT INC.  
5647 110TH AVE. NORTH  
ROYAL PALM BEACH, FL 334110000 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: IGNATIUS BROWN, KENT  
Address: #KIN 4791 P.O. BOX 025580  
City-St-Zip: MIAMI, FL 331025580

Title: MGRM ( ) Delete  
Name: MARIE BROWN, ANDRIA  
Address: #KIN 4791 P.O. BOX 025580  
City-St-Zip: MIAMI, FL 331025580

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: KENT BROWN

CEO

03/24/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date